School Holiday Registration Form 2



For families of more		· ·				
- . ,	First child		Second child	Third	child	
First name:						
Surname:						
Date of birth:						
Gender:						
School attended:						
Class:	<u> </u>					
2. Authorised peop				مد من المعاممات		
Please give ruii deta	s of people authorised to colle Parent/guardian				ent contact 2	
First name:	Pareni/gua	irdian	Parent contact 1	Par	ent contact 2	
First name:						
Surname						
Home Tel No:						
Mobile Tel No:						
Work Tel No:						
Relationship to child:						
Home Address						
	1					
					elevant New Ark news helps us to eck the notices in our reception	
keep costs down. Todi e	man will not be s	shared with any other	i diganisation. Also pi	ease regularly crit	sok ine nolices in our reception	
4. Medical details						
4. Medical details	First cl	nild	Second child		Third child	
4. Medical details Doctor's name and	First cl	nild	Second child		Third child	
	First cl	nild	Second child		Third child	
Doctor's name and	First cl	nild	Second child		Third child	
Doctor's name and	First cl	nild	Second child		Third child	
Doctor's name and address: Doctor's tel no: Medical	First cl	nild	Second child		Third child	
Doctor's name and address: Doctor's tel no: Medical conditions:	First cl	nild	Second child		Third child	
Doctor's name and address: Doctor's tel no: Medical conditions: Allergies:	First cl	nild	Second child		Third child	
Doctor's name and address: Doctor's tel no: Medical conditions: Allergies: Please detail any	First cl	nild	Second child		Third child	
Doctor's name and address: Doctor's tel no: Medical conditions: Allergies: Please detail any disabilities, health,	First cl	nild	Second child		Third child	
Doctor's name and address: Doctor's tel no: Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social	First cl	nild	Second child		Third child	
Doctor's name and address: Doctor's tel no: Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues.				arv requiremen		
Doctor's name and address: Doctor's tel no: Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues. 5. Religion/diet etc:		e here any religio				
Doctor's name and address: Doctor's tel no: Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues.				ary requiremer Third child		
Doctor's name and address: Doctor's tel no: Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues. 5. Religion/diet etc:		e here any religio				
Doctor's name and address: Doctor's tel no: Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues. 5. Religion/diet etc: First child	: Please state	e here any religion Second child	us, cultural or diet	Third child	nts.	
Doctor's name and address: Doctor's tel no: Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues. 5. Religion/diet etc: First child	: Please state	e here any religion Second child	us, cultural or diet	Third child	in case of an emergency, in	
Doctor's name and address: Doctor's tel no: Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues. 5. Religion/diet etc: First child 6. Medical treatmer accordance with the treatments will be en	nt: I give pern recommendatered into ou	e here any religion Second child nission for my chations of a qualifier medical records	ild to receive med ed medical practitis with a copy for p	Third child ical treatment ioner. Details oarent/guardian	in case of an emergency, in f any accidents and upon collection of their child. I	
Doctor's name and address: Doctor's tel no: Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues. 5. Religion/diet etc: First child 6. Medical treatmer accordance with the	nt: I give pern recommendatered into ou	e here any religion Second child nission for my chations of a qualifier medical records	ild to receive med ed medical practitis with a copy for p	Third child ical treatment ioner. Details oarent/guardian	in case of an emergency, in f any accidents and upon collection of their child. I	
Doctor's name and address: Doctor's tel no: Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues. 5. Religion/diet etc: First child 6. Medical treatmer accordance with the treatments will be en	nt: I give pern recommendatered into ou	e here any religion Second child nission for my chations of a qualifier r medical records d if possible in the	ild to receive med ed medical practitis with a copy for p	Third child ical treatment ioner. Details oarent/guardian	in case of an emergency, in f any accidents and upon collection of their child. I	
Doctor's name and address: Doctor's tel no: Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues. 5. Religion/diet etc: First child 6. Medical treatmer accordance with the treatments will be en understand that I will	nt: I give pern recommendatered into ou	e here any religion Second child nission for my chations of a qualifier r medical records d if possible in the	ild to receive med ed medical practitis with a copy for per case of an accident	Third child ical treatment ioner. Details oarent/guardian lent to my child	in case of an emergency, in f any accidents and upon collection of their child. I	

7. Photographs: W	/e occasionally take	e photographs an	nd videos for use in l	New Ark record kee	eping, displays and				
7. Photographs: We occasionally take photographs and videos for use in New Ark record keeping, displays and promotional materials (which may appear both printed and online).									
If you are happy for your child to appear in any of these formats please tick the box.									
 door is kept closed wi adult or sibling aged 1 Please do not allow you similar items. In the interest of all st child or adult acting in 	at allow children under eight the controlled entry. All child 14+. Our child to bring bikes, so aff and children, we will not this manner. Our behaviour child you will be charge	at to leave our buildings dren aged 8 and under cooters, valuables or larget tolerate behaviour be our policy is on display in £10 per 15 minutes of	unless they are being collemust be signed into and ouge quantities of money to Notice to be harmful or in an reception and you may as or part thereof. Your member contact New Ark on 0173:	ew Ark as we accept no re ny way abusive. We resens k us for a copy. Irship will be reviewed if yo	esponsible person e.g. an esponsibility for these or we the right to exclude any				
9. Declaration I wis AGM and apply to judyground session	oin the Managemer	nt Committee. I w	•	•	_				
Parent signature:			Staff signature:						
Parent name:			Staff name:						
Date:			Date:						
10. Admin Fee									
	No of Children	Amount Due	Amount Paid	Date Paid	Staff Initials				
		£10.00							
Information for sta	aff								